Saffronland Homes Limited

Fenwick

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Fenwick provides accommodation and support for three women with learning disabilities. The service is based in a large house with each person having their own bedroom and the use of communal facilities including a lounge, dining area and kitchen. The service also had a garden.

We undertook an unannounced inspection of the service on 1 December 2014. At our previous inspection on 21 October 2013 the service met the regulations inspected.

The service had a registered manager in post as required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care in line with their wishes and preferences. People had individualised care plans and activity timetables to ensure they received the support they required. People were supported to access other services to ensure their health needs were met and including access specialist help when required.

People were treated with respect and their privacy and dignity was maintained. Staff were aware of people's methods of communication and ensured their requests were listened to.

Summary of findings

Staff were knowledgeable about people's support needs, and received regular training and support to increase their skills. Staff were aware of safeguarding adults procedures and any concerns were reported to the manager. Staff worked in liaison with other healthcare professionals if there were concerns about a person's safety or welfare.

The manager had processes in place to check the quality of the service, and ensured care was provided in line with people's support plans. Relatives told us they were involved in planning and reviewing people's care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe. Staffing levels were adjusted to meet people's needs and ensure their safety and welfare. Risks to people's safety were identified and managed appropriately.

Medicines were stored securely and safely administered.

The service provided a welcoming and homely environment. Any maintenance issues were addressed promptly.

Is the service effective?

Good

This service was effective. Staff were knowledgeable about how to meet people's needs. Staff attended regular training to update their knowledge and skills.

People were able to choose what they wished to eat and drink. Staff supported people to have their favourite foods. People were encouraged to maintain their independence and learn new skills around food and drink preparation.

People were supported to access their GP and attend specialist healthcare appointments.

Is the service caring?

Good

This service was caring. Staff were aware of people's individual methods of communication and provided people with support in line with their wishes. People's preferences were respected and people were support to make decisions about the care they received.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

This service was responsive. People received care and support in line with their needs and wishes. People were supported to increase their independence and develop new skills.

People had personalised activity timetables and engaged in a number of activities during the week. Staff ensured people did not become socially isolated at the service.

There was a complaints process in place to ensure any complaints or concerns about the service were appropriately investigated.

Is the service well-led?

Good

This service was well-led. Relatives felt able to speak to the manager about their experience of the service. The manager held meetings with staff to discuss the service and identify areas for improvement.

Processes were in place to check all aspects of service delivery and ensure people received good quality care.

Summary of findings

The service adhered to the conditions of their registration with the Care Quality Commission.

Fenwick

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2014 and was unannounced. An inspector undertook the inspection.

During the inspection we spoke with the two support workers on duty and undertook a tour of the service. We reviewed the care records for two people using the service and records relating to the management of the service including medicines management, staff training and checks on the quality of the service. We observed interactions between one staff member and a person using the service briefly in the morning before they went out. All three people using the service were undertaking activities in the community during the day of our inspection. They were unable to communicate verbally and therefore we were unable to obtain their views of the service. After the inspection we spoke with two people's relatives to obtain their views of it.

The registered manager was on leave at the time of our inspection but we spoke to the service manager the day after our inspection for some further information.

Good

Is the service safe?

Our findings

People's relatives told us they had no concerns regarding people's safety at the service. One person's relative told us they knew "[the person's] well looked after and safe."

There were sufficient numbers of staff to meet people's needs. The number of staff on shift was adjusted according to people's needs and the activities they were undertaking. When people were at the service and activities were delivered by staff one to one support was provided. Staff were available to accompany people to appointments and activities run by other organisations. For example, on the day of our inspection one staff member was supporting a person to attend a local day centre. At night there was one staff member awake and another staff member on a 'sleep in' shift to support people if they required it during the night.

Staff were knowledgeable in recognising signs of abuse, and reported all concerns to the manager of the service. Staff were confident that any concerns raised would be investigated by the manager to ensure people were kept safe. Staff liaised with people's social workers and other healthcare professionals involved in their care if they had any concerns about a person's safety or welfare. At the time of our inspection there were no safeguarding concerns. There were processes in place to protect people from financial abuse, and records were kept of all financial transactions.

Staff were aware of and there were processes in place to identify any risks to people. Care records demonstrated plans were in place to manage the risks identified in order to minimise the risk of harm. For example, plans included maintaining a person's safety in the community when crossing a road and using public transport, and safe practice around the service when using kitchen equipment to reduce the risk of injury from accidents, such as scolding.

Information was provided to staff and advice was given from other professionals about how to support a person when distressed or exhibiting behaviour that may put themselves or others at risk. This enabled people and staff at the service to maintain their safety, and ensured people had the support they required to meet their needs and maintain their welfare. For example, one person's care records stated they were at risk of wandering away from the group when undertaking activities in the community. Procedures were in place to minimise this risk and staff had information about what to do in the event that it did occur.

Checks were undertaken to ensure an appropriate environment was provided that met people's needs and maintained their safety. Any concerns regarding the building were reported and addressed promptly. For example, on the day of our inspection staff had raised concerns that the water temperature was too hot and they had concerns that people may scald themselves. The maintenance man visited on the day of the inspection to ensure the appropriate restrictions were in place and the water was kept in a safe temperature range. On the day of our inspection the service was well maintained and provided a welcoming and homely environment.

Fire extinguishers and smoke detectors were available on each floor. The fire alarms were tested weekly and full fire evacuation drills were undertaken monthly to ensure the equipment was in working order and everyone knew what to do in the event of a fire.

People's medicines were stored securely. We checked the medicine administration records for the three people using the service for the two weeks prior to our inspection. We saw these were completed correctly and people had consistently received their medicines in line with their prescription. Reasons for any 'when required' medicines administered were recorded, and topical medicines, including creams, were administered in line with people's needs. People had their medicines reviewed by the GP and any changes to their prescriptions were communicated to the staff and the pharmacy. Appropriate procedures were in place to ensure people received any short term prescriptions, such as antibiotics, as required.

Good

Is the service effective?

Our findings

One person's relative told us, "I have nothing but respect for the staff … their patience and input."

Induction processes were in place to support new staff. This gave staff the opportunity to get to know the people using the service and their needs before working unsupervised.

Staff had the skills and knowledge to support people. Staff received regular training to update their skills and learn new skills to further improve the quality of the care and support provided. Training records confirmed staff had received training in: safeguarding adults, infection control, food hygiene, health and safety, medicines administration, record keeping and fire safety. Staff also received training in topics specific to the needs of people using the service including: supporting people with behaviour that challenges, care planning, and sensory communication.

Staff told us they received regular supervision from their manager which gave them the opportunity to discuss their performance and to identify any training needs. One staff member told us they wished to receive additional training in non-verbal communication methods and the manager was helping them to identify an appropriate training course. Staff also told us they received annual appraisals. We were unable to view documentation to confirm attendance at supervision and appraisals as the manager was not available and these confidential documents were stored in a locked cabinet.

Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Where possible, people were asked for their consent and were involved in decisions about their care. Staff were aware that some people did not have the capacity to consent to some aspects of their care and 'best interests' meetings were held to make a decision on their behalf in line with the MCA. Staff told us that restrictions had recently been put in place for one person using the service because there were concerns about their safety. Staff were aware that this may have meant the person's liberty was being deprived and an application had been made to the local authority for a DoLS assessment to be undertaken.

People were supported to eat and drink sufficient amounts. One person's relative told us, "[the person] eats well." People at the service did not communicate verbally but had free access to the kitchen and were able to either help themselves or point to items they wished to have. People were independent in their eating and drinking and did not require support from staff to eat or drink. People's independence regarding food and drink preparation was encouraged and people were supported to undertake the tasks they were able to. For example, one person was able to prepare their own cup of tea but required support from staff to pour the boiling water to maintain their safety. Another person enjoyed baking and staff supported the person to bake as part of their weekly activities.

Information was provided to staff about people's food preferences, so that these could be planned for and accommodated in the weekly menu. We observed staff telling staff from the day centre what the person liked to enjoy for their lunch so their preferences were respected. Meals were planned so that they met people's cultural preferences.

People were supported to have their health needs met. We looked at two people's health action care plans and they included details about their health needs and updates from contact with healthcare professionals. People were encouraged and supported to have their primary healthcare needs met. People attended their GP for any minor health needs. People saw the GP at least annually for their health check. People were also supported to visit a dentist and optician. People were supported when required to access specialist healthcare appointments. For example, one person was supported to access a specialist dentist at the local hospital. Another person was in regular contact with a psychologist and psychiatrist to have their needs met. When required the staff liaised with occupational therapists, dieticians and speech and language therapists to obtain specialist advice about how to support people with their health needs.

People were supported to visit a women's health clinic at their GP practice to ensure health needs specific to being female were met.

Good

Is the service caring?

Our findings

One person's relative told us, "[the person] is well cared for." They told us they were looked after, well presented and always "neat and tidy." Another person's relative told us in relation to the service, "It's marvellous there" and in relation to the staff, "they care." They told us, "everything is fine – it's 100%."

The brief interactions we observed between a person who used the service and staff were positive. Staff were polite and respectful when speaking with them. Staff supported the person to ensure they were dressed appropriately before going out.

There were clear instructions to staff in people's care records about how to maintain a person's dignity and respect their privacy. This included supporting people to express themselves, their sexuality and their preferences. It also instructed staff about how to ensure that people were supported to maintain their privacy and dignity whilst out in the community. For example, ensuring people were encouraged to dress appropriately to protect their modesty.

People's relatives told us staff were aware of how people communicated and understood what people were asking for. People's care records included information about how people expressed themselves when they were happy, they were upset or if they were in pain. Staff were familiar with people's communication methods and used this information to ensure people were provided with the support they required and that this was delivered in line with their wishes. For example, one person had hearing difficulties and staff used objects of reference to communicate with them.

People were encouraged and supported to be as independent as possible and make decisions about their day to day care. One person's relative told us, "[the person] does what they like." Staff told us they followed people's wishes and provided them with support as required. People were encouraged to make decisions such as what they wanted to wear, what they wanted to eat, and what activities they wished to participate in. One person using the service liked to stick to a routine and the staff ensured activities and support were provided in line with this person's preferred routine.

People's care records had details of family engagement and involvement so their wishes could be incorporated into the care and support provided to be people, including any formal involvement they had in decision making on behalf of people using the service. One person's relative told us no decisions were made before talking and discussing it with them. They told us they were invited to comment on decisions regarding people's health needs, for example in regards to any specialist dental care required and women's health.

Staff were knowledgeable about people's likes and preferences. For example, one person did not like buttons on their clothing and staff said they ensured they were either supported to buy clothes without buttons on or their clothing was adapted to remove the buttons and apply different fastenings.

Good

Is the service responsive?

Our findings

One person's relative told us the person using the service had grown in confidence since being at the service. They were "becoming outgoing" and "confidently going out." They told us they were "very, very satisfied" with the service and the progress the person was making.

Staff were knowledgeable about people's needs and the support they required. People at the service had been living there for many years. Their care and support needs were identified upon admission to the service and their care records had been updated regularly to ensure they reflected people's current needs.

People's support plans clearly identified what the person was able to do for themselves and what support they required from staff in regards to personal care. They also included information about people's health care needs and information regarding any social and financial needs. Staff were aware of what support people required with their personal care and ensured they received this. Some people just required some prompting to remind them to undertake their own personal care, whereas, other people required full support from staff. There was information in people's care records as to how their individual needs, such as those relating to a mental health diagnosis should be met. For example, there were guidelines about how to support a person when their moods fluctuated.

Daily monitoring and record-keeping was undertaken to ensure people's particular needs were met, for example, in regards to following their interests and monitoring of particular behaviour displayed.

Each person had a personalised timetable of the activities they participated in during the week which reflected their interests and hobbies. This included activities at the service and in the community, for example, attendance at day centres, walks in local parks, going to church, baking, arts and crafts, and completion of activities of daily living and skill development. One person was learning more about money and finances. They were being supported to get involved in financial transactions by handling money and giving this to shop assistants, whilst staff supported them in budgeting and checking they received the correct change.

Staff were aware of people's preferences in regards to socialising and whether people preferred to spend their time in the communal lounge or in their own bedroom. Staff ensured people did not become socially isolated and spent time with people on a one to one basis in their rooms, whilst respecting people's privacy and preference to be alone if that was what they wanted. Staff supported people to keep in contact with friends and family. One person's relatives told us they regularly saw the person at the service and the person was supported to visit them at their home. Another person's relative told us that when they had celebrations at the service, for example, for a person's birthday, the service invited their family and friends to join in the celebrations.

Information was included in people's care records about what they would like to achieve whilst at Fenwick, what new skills they wish to learn, what new places they would like to visit and what new experiences they would like to have. We saw that these were reviewed annually and people were supported to achieve, or work towards achieving, their wishes and ambitions.

Monthly reports were written outlining the progress people were making at the service. These also included a review of the person's support and any changes in their health or support needs.

Procedures were in place for relatives of people using the service to make any concerns or complaints known to the service. Staff told us they would support relatives to make complaints if they were unsure of the process. The manager was required to investigate all complaints made. The outcome of complaints would be forwarded to the provider to ensure appropriate processes were followed and to ensure appropriate action was taken to address the complaints. At the time of our inspection no complaints had been received in the last year. Relatives told us they had no concerns about the service and had not needed to make a complaint. Because of people using the service not communicating verbally staff were unsure how they would know if a person had a complaint or were unhappy about the care and support they received. Staff told us they would look into how this feedback could be obtained.

There were no formal meetings held with relatives to obtain their feedback. However there was regular contact through telephone calls or when relatives were visiting the service to obtain their feedback and their views about the service. Relatives were also involved in people's annual meetings to review their placement at the service.

Good

Is the service well-led?

Our findings

One person's relative told us there was "openness with staff and family." They felt involved in all discussions and felt comfortable speaking to all staff. They told us if they had any questions they could always speak to the manager and the manager made time to speak with them.

The registered manager had been in post since 2010. The service was aware of and adhered to the conditions of their registration with the Care Quality Commission.

Staff told us the manager was supportive, approachable and they felt comfortable talking to them if they had any questions or needed any advice. They also told us the manager helped to directly support people at the home which meant she had a good understanding of people's needs. Staff told us the team worked well together and the support provided by colleagues and the manager was part of what they enjoyed most about working at the service. They said they could always ask their colleagues for advice, and there were always a member of the senior management team available for support if the registered manager was unavailable or on leave.

Staff told us, "Information sharing is good within the team, and all staff are kept up to date with any changes." Team meetings were held every three months. Minutes showed these meetings provided the team with a formal space to discuss the needs of people using the service and any changes to their support needs. They were also used to discuss the needs of the service, any maintenance required and a general update on any changes affecting the staff. Where actions were required to improve the service these were identified with clear plans as to how and when the actions were to be completed. We saw that actions identified had been addressed. Minutes from these meetings were circulated to all staff members to ensure staff that were unable to attend the meeting were kept up to date with the discussions had.

Staff told us and we saw from the minutes that the team meetings gave all staff members a chance to discuss any concerns they had and make suggestions to improve the service. One staff member told us the meetings were open and all staff were given the chance to contribute and request items to be discussed. One staff member told us they had identified that episodes of challenging behaviour were not always recorded. They suggested that all displays of challenging or aggressive behaviour should be recorded so that they could tell if there were any patterns to the behaviour. This suggestion was taken on board by the manager of the service and this information was now consistently recorded.

Incidents were recorded using a formal process. This included recording details of the incident and the action taken in response to it in order to support the person and anyone else involved. The manager reviewed all incidents and identified any further learning, training or practice changes required to minimise the risk of the incident recurring. Details of incidents were reported to the provider's senior management, people's social workers and relatives as appropriate to ensure everyone involved in a person's care were kept informed.

Processes were in place to check the quality of the service and ensure support was provided in line with the provider's policies and procedures. This included monthly audits of the control of substances hazardous to health (COSHH) products, daily checks of the building and identification of any maintenance required, and daily checks of food products to ensure they were within date and safe to eat.

The manager undertook monthly checks on people's care records including their personalised care plans and their health action care plans to ensure they were up to date and reflected any changes in people's health or support needs. The manager also undertook checks of the daily records completed by support workers to ensure people were getting the support they required in line with their care and support plans. Checks were in place to protect people from financial abuse and ensure safe management and handling of people's finances. We saw that weekly checks were undertaken on people's finances to ensure the appropriate balance was kept at the service and checked all transactions undertaken.